Reply to "Medical students' ability to diagnose common dermatologic conditions in skin of color"

To the Editor: We read with great interest the research letter by Fenton et al[1] elucidating the gap in medical students' ability to diagnose certain conditions in skin of color (SOC). The article underscores a lack of attention given to SOC that permeates throughout educational materials, medical school, and residency.[1-3] Despite little emphasis, SOC education is crucial: dermatologists' SOC experience has been associated with greater satisfaction and outcomes among patients with SOC.[4] Furthermore, dermatologists with less SOC experience reportedly perform more cursory physical examinations and demonstrate lower cultural sensitivity when treating patients with SOC.[4]

Fenton et al[1] demonstrate that the disparity in SOC education starts in medical school but do not provide recommendations to ameliorate this. Although dermatologists receive dedicated dermatology training, many residents still lack sufficient exposure to SOC, making this disparity important to remedy in medical school curricula.[3]

First, medical schools must establish a stronger foundation of dermatology knowledge among students. Currently, only 16% of United States medical schools dedicate a preclinical course to dermatology, and most do not require dermatology clinical rotations.[5] As such, medical schools should augment instruction on dermatologic conditions. While integrating a dedicated course with clinical rotations would be ideal, other curricular demands may preclude this. In this case, medical schools should require the completion of online dermatology modules, such as those provided by the American Academy of Dermatology.

Several avenues exist for improving student education on pathology in SOC specifically, both in lecture and in clinic. In didactics, dermatology faculty should include more images of pathology across all Fitzpatrick phototypes rather than only using classical portrayals of pathology. Similarly, an SOC atlas and SOC images should be integrated into existing online modules, such as the American Academy of Dermatology's, if used.

Dermatology faculty with expertise in treating conditions seen in SOC should also provide dedicated lectures to medical students addressing these conditions. During clinical years, medical schools should encourage students to perform clinical rotations in dedicated SOC clinics or dermatology clinics that serve primarily SOC patients. Medical schools lacking such opportunities should work with nearby institutions to make these available to students.

Finally, these recommendations must be coupled with cultural competency training. As medical schools begin integrating cultural competence into their formal curricula, dermatologists can share experiences highlighting the relevance of this skill when treating dermatology patients.

Diagnosing and treating cutaneous conditions in patients with SOC depend on both recognition of pathology in darker skin tones and exercising cultural awareness. Implementing the recommendations above may ameliorate some deficiencies in training on SOC captured by Fenton et al.[1] Notably, depending on the primary patient population served, institutions may have deficiencies in non-SOC training rather than SOC; in this case, these recommendations can be adapted to ensure students receive experience with pathology in all skin tones. Future efforts must also focus on refining educational materials, such as dermatology textbooks, to depict cutaneous pathology in a spectrum of skin tones for every condition. These changes can better equip future dermatologists to care for a diversity of patients.

Marina K. Ibraheim, BS,[a] Rohit Gupta, BA,[b] and Misha Koshelev, MD, PhD[c]

From the McGovern Medical School, The University of Texas Health Science Center at Houston, Houston, Texas[a]; the School of Medicine, Baylor College of Medicine, Houston, Texas[b]; and the Department of Dermatology, The University of Texas Health Science Center at Houston, Houston, Texas.[c]

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Correspondence to: Marina Kristy Ibraheim, BS, McGovern Medical School, University of Texas Health Science Center at Houston, 6431 Fannin St, Houston, TX 77030.

E-mail: Marina.K.Ibraheim@uth.tmc.edu

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